

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Aug</i>	<i>12</i>	<i>6/18/12</i>
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>3/14</i>	<i>827</i>	<i>08-02-00</i>
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	✓
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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